November 2004

# Portrait of the Health and Social Service Centre

## René-Cassin and NDG/Montréal-Ouest

Portrait of the Health and Social Service Centre

Agence
de développement
de réseaux locaux
de services de santé
et de services sociaux
Québec
Montréal

## General profile of the René-Cassin and NDG/Montréal-Ouest Health and Social Service Centre (CSSS[1])

The René-Cassin and NDG/Montréal-Ouest CSSS was formed by grouping the CLSC NDG/Montréal-Ouest, the CLSC René-Cassin and the Richardson Hospital Centre (Centre d'accueil Henri-Bradet). It has four associate institutions, namely the Gilman Residence, the Grace Dart Extended Care Centre, the Maimonides Geriatric Hospital, and the Mount Sinai Hospital. Finally the first-instance hospital for the CSSS is St. Mary's Hospital Centre on behalf of the consortium also made up of the Jewish General Hospital and the MUHC.

**What are...**

**Designated institutions?**

These institutions must provide all of their services in French and in English.

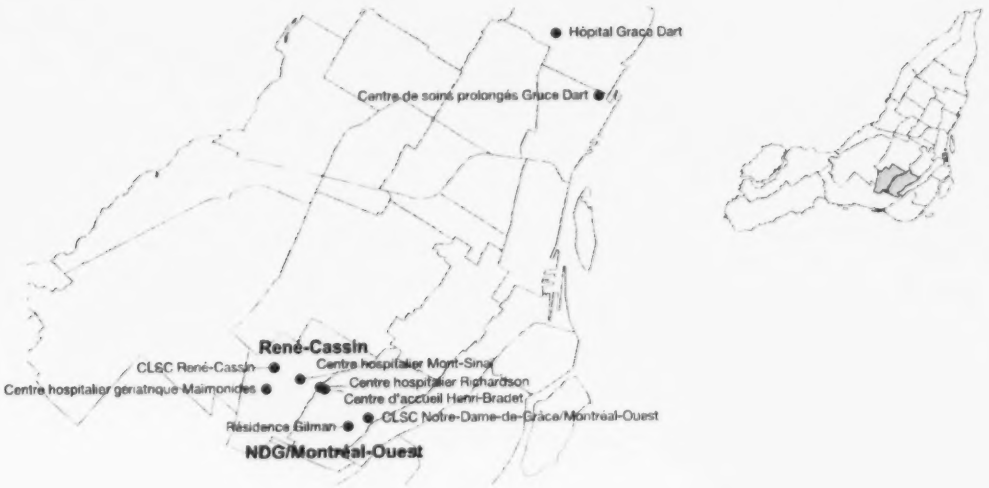
**Indicated institutions?**

These institutions must provide some of their services in English, as indicated in the region's Access Programme to Health and Social Services in English, approved by a Quebec Government Decree.

Located in the western central part of the Island of Montreal, the territory of the CSSS corresponds, at the municipal level, to the Notre-Dame-de-Grâce neighbourhood in the borough of Côte-des-Neiges, and to the Montréal-Ouest and Côte-Saint-Luc neighbourhoods of the borough of Côte-Saint-Luc – Hampstead – Montréal-Ouest (postal codes H3X, H4A, H4B, H4V, H4W, H4X). Its population was evaluated at just over 117,500 during the last census in 2001.

The René-Cassin and NDG/Montréal-Ouest CSSS features about 709 employees (490 FTE and 20 general practitioners [9.35 FTE]). With an annual budget of $33.9M (2004-2005), it uses 125 beds for residential and long-term care. For their part, the associate institutions use 985 beds for residential care. Finally, there are 140 places in family-type and intermediary resources, as well as 67 physical rehabilitation beds on the territory of the René-Cassin and NDG/Montréal-Ouest CSSS.

The Richardson Hospital Centre and the René-Cassin and NDG/Montréal-Ouest CLSCs belong to the designated institution category: they must therefore provide all of their services in English.




1 Centre de santé et de services sociaux

**GROUPED INSTITUTIONS**

| Institutions | Addresses |
|---|---|
| **CLSC Notre-Dame-de-Grâce/Montréal-Ouest** | 2525 Cavendish Boulevard<br>Suite 110<br>Montreal |
| **CLSC René-Cassin** | 5800 Cavendish Boulevard<br>Suite 600<br>Cote St-Luc |
| **Richardson Hospital Centre** | **Headquarters**<br>5425 Bessborough Avenue<br>Montreal |
| | **Centre d'accueil Henri-Bradet**<br>6465 Chester Street<br>Montreal |
| | **Day Centre**<br>6465 Chester Street<br>Montreal |

**ASSOCIATE INSTITUTIONS**

| Institutions | Addresses |
|---|---|
| **Gilman Residence** | 7010 Sherbrooke Street West<br>Montreal |
| **Grace Dart Extended Care Centre** | 5155 St. Catherine Street East<br>Montréal |
| **Maimonides Geriatric Hospital** | 5795 Caldwell Street<br>Cote St-Luc |
| **Mount Sinai Hospital** | 5690 Cavendish Boulevard<br>Cote St-Luc |

The pages below draw a portrait of the institutions grouped within the CSSS, highlighting their service offer and volumes of activities, a financial and budget profile, a portrait of fixed assets, and a description of their human resources and the entity's union situation.

## The institutions of the René-Cassin and NDG/Montréal-Ouest CSSS

### Service offer and volumes of activity of the René-Cassin and NDG/Montréal-Ouest CSSS

Like other CLSCs, the René-Cassin and NDG/Montréal-Ouest CLSCs provide reception, evaluation and referral services, as well as health services, social services and front-line community action services to the population within their respective sectors. They also play a leading role in their communities with regard to prevention (vaccination and occupational health, for example) and health promotion (anti-smoking, promoting physical activity, etc.).

For its part, the CLSC René-Cassin serves a population of approximately 47,700 people. In addition to the usual services, it has a university-affiliated-centre mandate. It therefore provides advanced services and does research for McGill University, the Université du Québec à Montréal and the Université de Montréal. As of March 31st, 2003, it had 192 employees. As of December 31st, 2003, it also relied on the services of 7 general practitioners (2.46 FTE). Its budget for 2004-2005 is $10.6M.

For its part, the CLSC NDG/Montréal-Ouest serves 69,930 people. As of March 31st, 2003, it had 189 employees. As of December 31st, 2003, it also relied on the services of 7 general practitioners (4.89 FTE). Its budget for 2004-2005 is $11.1M. It also participates in the training of health professionals.

**What are...**

**Front-line services?** Front-line services are the point of entry into the health and social service network. They include all routine medical and social services that rely on a non-equipment-intensive diagnostic and therapeutic infrastructure capable of dealing with most of the common social and medical issues and problems of the population.

**Secondary services?** These are social and medical services designed to solve complex problems, including assistance, support and residential services, and a range of specialized services that rely on an adapted infrastructure and, in the case of medical services, on diagnostic and therapeutic technologies that are equipment-intensive but widely available.

**Tertiary services?** Tertiary services are ultra-specialized medical services for people with either very complex or very uncommon health problems.

**What are the** service categories used by the MSSS in its financial management manual**?**

Routine services

- **Midwife practice** includes the care and services provided during pregnancy, delivery and the postnatal period.
- **Regular health services** are medical assistance and nursing care activities for ambulatory patients of all ages. These services are provided in all CLSCs (e.g.: lab test samples).
- **Ambulatory psycho-geriatric services** are services provided to elderly persons who are affected by mental health problems associated with ageing, and to those persons' natural caregivers. They provide assistance to home support teams in complex intervention situations.
- **Social services for refugees** are activities linked to welcoming and integrating into Quebec society refugees or other applicants with precarious status, who usually do not have a medical insurance card. These activities take into account federal-provincial agreements in effect.
- **Health services for refugees** are activities linked to physical health, provided to refugees and other applicants with precarious status, who usually do not have a medical insurance card. These services are provided according to federal-provincial agreements in effect.
- **Psychosocial services – other** are for the population as a whole and target various common social issues. These services are offered on a walk-in basis or by appointment during the day, evenings and weekends in CLSCs.
- **Mental health integration-reintegration services** are for persons suffering from often severe and persistent mental health problems. These services notably include support in the living environment (living habits, social skills, reintegration into work and recreational activities, treatment follow-up, etc.), intervention in crisis situations, and intervention to assist the community.
- **Info-Santé CLSC (CLSC Health Hotline)** is a telephone service provided 7 days a week, 24 hours a day, through which nurses answer all requests linked to health and well-being, in addition to providing advice and referring citizens to the right resources.

Home support

- **Home nursing services** are provided to all persons suffering from a temporary or persistent disability, and who must be cared for, partially or completely, at home.
- **Home assistance** is for all persons suffering from a temporary or persistent disability who need support to perform certain tasks linked notably to hygiene and meal preparation.
- **Home psychosocial services – NLSS** are provided to elderly persons who are no longer self-sufficient (NLSS) and who are experiencing psychological or social difficulties.
- **Home psychosocial services – other** are for persons who are suffering from a temporary or persistent disability not linked to ageing and are experiencing psychological or social difficulties (mourning, abandonment, abuse, isolation, financial difficulties).
- **Home occupational therapy and physiotherapy services** are for persons suffering from temporary or persistent disabilities and who need services linked to rehabilitation.
- **Support for families living with a disabled person** consists of an amount paid to the families of persons suffering from a physical or intellectual disability.

Public health

- **Mother and child health** includes activities aimed at ensuring normal pregnancies in order to reduce perinatal accidents and ensure optimum development of the young child population (0 to 5 years).
- **Preventive dental care services** are mainly offered by a dental hygienist to maintain and improve dental health.
- **Prevention and protection services** include measures to prevent social problems, illnesses and injuries, and to implement protection measures aimed at maintaining and improving the population's health and well-being (e.g.: occupational health and safety).
- **School health services** are provided in schools to children and adolescents at the elementary, high-school and college levels.
- **Nutrition services** are linked to dietetics and nutrition.

Childhood-Youth-Family

- **Family and social education services** are aimed at meeting the needs of children, young people and families when it comes to psychosocial issues (violence, negligence, abuse, etc.) or needed support and respite. These services are provided as educational interventions and notably favour the acquisition of parenting skills.
- **School social services** are provided in the school environment with the aim of solving the social problems of children and adolescents at the elementary, high-school and college levels.
- **Regular psychosocial services (youth)** are usually provided on CLSC premises. They aim to meet the psychological or social needs of individuals or groups, particularly young people.

The volumes of activity of the René-Cassin and NDG/Montréal-Ouest CLSCs are set out in the tables below.

**VOLUMES OF ACTIVITY OF THE CLSC RENÉ-CASSIN***

| Info-Santé 2002-2003 | | | |
|---|---|---|---|
| | **Calls processed** | **Average duration** | |
| Info-Santé CLSC – local | 10,833 | 6.27 minutes | |
| **Routine services, actual volumes 2002-2003** | | | |
| | **Different users** | **Visits or interventions** | **Average number of visits or interventions per user** |
| Regular health services | 5,422 | 14,480 | 3 |
| Psychosocial services – other | 190 | 868 | 4 |
| Mental health integration-reintegration | 296 | 2,264 | 8 |
| **Home support, actual volumes 2002-2003** | | | |
| | **Different users** | **Visits or interventions** | **Average number of visits or interventions per user** |
| Home nursing services | 1,089 | 13,521 | 12 |
| Home assistance | 740 | 48,773 | 66 |
| Home psychosocial services – NLSS | 1,291 | 9,473 | 7 |
| Home psychosocial services – other | 144 | 697 | 4 |
| Home occupational therapy and physiotherapy | 1,014 | 4,071 | 4 |
| **Public health, actual volumes 2002-2003** | | | |
| | **Different users** | **Visits or interventions** | **Average number of visits or interventions per user** |
| Mother and child health | 1,107 | 2,059 | 2 |
| Preventive dental services | 194 | 313 | 2 |
| Prevention and protection | 3,759 | 3,804 | 1 |
| School health services | 568 | 1,103 | 2 |
| Nutrition | 358 | 1,126 | 3 |
| **Childhood-Youth-Family, actual volumes 2002-2003** | | | |
| | **Different users** | **Visits or interventions** | **Average number of visits or interventions per user** |
| Family and social education services | 384 | 2,272 | 6 |
| School social services | 151 | 915 | 6 |
| Regular psychosocial services – Youth | 97 | 377 | 4 |

* The services included in this table are those for which data was available in the CLSC's management agreement.

Source: *Entente de gestion et d'imputabilité 2003-2006* [2003-2006 Management and accountability agreement]. CLSC René-Cassin. Data reviewed by the institution – September 2004.

**VOLUMES OF ACTIVITY OF THE CLSC NDG/MONTRÉAL-OUEST***

| Info-Santé 2002-2003 | | |
|---|---|---|
| | **Calls processed** | **Average duration** |
| Info-Santé CLSC – local | 10,494 | 6.03 minutes |

| Routine services, actual volumes 2002-2003 | | | |
|---|---|---|---|
| | **Different users** | **Visits or interventions** | **Average number of visits or interventions per user** |
| Regular health services | 6,588 | 14,678 | 2 |
| Psychosocial services – other | 322 | 1,566 | 5 |
| Mental health integration-reintegration | 197 | 2,039 | 10 |

| Home support, actual volumes 2002-2003 | | | |
|---|---|---|---|
| | **Different users** | **Visits or interventions** | **Average number of visits or interventions per user** |
| Home nursing services | 1,881 | 22,192 | 12 |
| Home assistance | 762 | 40,134 | 53 |
| Home psychosocial services – NLSS | 1,042 | 7,010 | 7 |
| Home psychosocial services – other | 584 | 2,359 | 4 |
| Home occupational therapy and physiotherapy | 1,011 | 6,472 | 6 |
| Support for families living with a disabled person | 179 | - | - |

| Public health, actual volumes 2002-2003 | | | |
|---|---|---|---|
| | **Different users** | **Visits or interventions** | **Average number of visits or interventions per user** |
| Mother and child health | 1,781 | 4,696 | 3 |
| Preventive dental services | 223 | 283 | 1 |
| Prevention and protection | 2,909 | 2,932 | 1 |
| School health services | 18 | 50 | 3 |
| Nutrition | 499 | 1,266 | 3 |

| Childhood-Youth-Family, actual volumes 2002-2003 | | | |
|---|---|---|---|
| | **Different users** | **Visits or interventions** | **Average number of visits or interventions per user** |
| Family and social education service | 584 | 4,950 | 8 |
| School social services | 58 | 284 | 5 |

* The services included in this table are those for which data was available in the CLSC management agreement.

Source: *Entente de gestion et d'imputabilité 2003-2006* [2003-2006 Management and accountability agreement]. CLSC NDG/Montréal-Ouest. Data reviewed by the institution – September 2004.

The facilities of the Richardson Hospital Centre reflect a twofold mission. In fact, the Centre d'accueil Henri-Bradet offers residential services and care for elderly persons or adults who are no longer self-sufficient, whereas the Richardson Rehabilitation Centre provides general and specialized care in physical rehabilitation.

In order to fulfill its twofold mission, the Richardson Hospital Centre has 328 employees. As of March 31st, 2004, it also relied on the services of 6 general practitioners (2 FTE) and had a budget of $12.2M, broken down almost evenly between the activities of the residential care centre and the hospital.

**What is the difference between beds on the permit and made beds?**

**Beds on the permit**: maximum number of potential beds that the institution is authorized to make functional.

**Made beds**: actual number of beds that the institution makes functional, taking into account its financial, human and physical resources. The number of made beds is always lower than or equal to the number of beds on the permit.

The table below shows the number of made beds as of March 31st, 2004 at the Richardson Hospital Centre. This data gives an indication of its placement capacity.

**MADE BEDS IN LONG-TERM RESIDENTIAL CARE**

| | Centre d'accueil Henri-Bradet | Richardson Rehabilitation Centre |
|---|---|---|
| Number of beds | 125 | 67 |
| **Total** | | **192** |

Source: *Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal*, Regional admissions service, 2004.

There is only one residential and long-term care centre within the René-Cassin and NDG/Montréal-Ouest CSSS. Its mission, like all CHSLDs, is to provide a substitute living environment, as well as residential and long-term care adapted to the needs of elderly persons or adults who are no longer self-sufficient.

This 125-bed facility houses persons who require from 1.5 to 2.5 care/hours a day. In 59% of cases, they come from the CSSS territory. As of July 6th, 2004, 74% of the clientele was women, and the average age of users was 82. The average length of stay was 1,523 days (4.2 years). Also in July 2004, 29 people were awaiting a place in residential care, and the average waiting time was 192 days.

*- The day centre*

The day programmes offer preventive and therapeutic group activities, or rehabilitation activities aimed at maintaining the state of health and capacities of persons who are no longer self-sufficient and who live at home. At the same time, these programmes try to provide respite to natural caregivers. In 2002-2003, 180 people attended the day centre.

The Richardson Rehabilitation Centre is the only rehabilitation hospital to have been incorporated into a CSSS. It currently uses 42 beds in intensive physical rehabilitation, of which 20 are in orthopedics and 22 are in neurology, as well as 23 beds in active, short-term convalescence in the context of the regional programme to lessen emergency room overcrowding. Of the 1,042 users admitted in 2003-2004, 36% came from the CSSS territory, and 91% came from the Montreal region. The average length of stay was 22 days.

**ORIGIN OF THE CLIENTELE ADMITTED**

| | Number of admissions | Percentage |
|---|---|---|
| Territory of the CLSC René-Cassin | 246 | 24% |
| Territory of the CLSC NDG/Montréal-Ouest | 127 | 12% |
| **CSSS Territory** | **373** | **36%** |
| CSSS Territory | 373 | 36% |
| Region of Montreal (outside of the CSSS) | 574 | 55% |
| **Region of Montreal** | **947** | **91%** |
| Region of Montreal | 947 | 91% |
| Outside of the Montreal region | 95 | 9% |
| **Total clientele** | **1,042** | **100%** |

Source: Data provided by the institution.

Outpatient rehabilitation services are also available for users who can return home safely after being discharged from the hospital, but require intensive rehabilitation. The latter receive the services they require (physiotherapy, occupational therapy, orthophonics, individual and/or family support, nursing care) an average of three times a week over a period of one to three months.

**DAY CENTRE OF THE RICHARDSON HOSPITAL CENTRE**

The day programmes offer preventive and therapeutic group activities, or rehabilitation activities aimed at maintaining the state of health and capacities of persons who are no longer self-sufficient and who live at home. At the same time, these programmes try to provide respite to natural caregivers. In 2002-2003, 180 people attended the Richardson Hospital day centre.

| | Number of users | Montreal average |
|---|---|---|
| Under the age of 65 | 8 (4.4%) | 7.6% |
| 65-74 | 27 (15.0%) | 22.0% |
| 75-84 | 89 (49.4%) | 44.4% |
| 85 and older | 56 (31.1%) | 26.0% |

Source: Institutions' statistical and annual reports (AS-478) for the 2001-2002 and 2002-2003 fiscal years.

**HOURS WORKED PER DAY AND PER USER AT THE CENTRE D'ACCUEIL HENRI-BRADET (RICHARDSON HOSPITAL CENTRE)**

| Hours worked per day and per user | 2003-2004 | 2002-2003 |
|---|---|---|
| Nursing care and assistance | 2.70 hours | 3.42 hours |
| Professional services – other (occupational therapy and physiotherapy) | 0.13 hour | 0.14 hour |

Source: Data provided by the institutions as part of the follow-up of residential care clientele indicators in 2003-2004.

**RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS – DATA ON THE CLIENTELE IN RESIDENTIAL CARE IN THE CHSLD (JULY 6TH, 2004)**

| | Average length of stay | Average age of users | Users' gender | Number of users awaiting residential care | Average waiting time |
|---|---|---|---|---|---|
| Centre d'accueil Henri-Bradet (Richardson Hospital Centre) | 1,523 days (4.2 years) | 84 years | W: 91 (74.0%)<br>M: 32 (26.0%) | 29 | 192 days |
| All Montreal CHSLDs | 971 days (2.7 years) | 80 years | W: 72.1%<br>M: 27.9% | 2,389* | 183 days**<br>508 days*** |

* Of this number of people awaiting residential care on the Island of Montreal, 881 are in temporary residential care (753 in CHSLDs and 128 in intermediary resources) and 344 are awaiting residential care in another region.

** Average waiting time for residential care in Montreal.

*** Average waiting time for residential care in another region.

Source: *Agence de développement de réseaux locaux de services de santé et de services sociaux* – Regional admissions service, 2004.

**What is temporary residential care?**

It describes the situation of users who are awaiting a place in the CHSLD of their choice. Some are placed in another CHSLD on a temporary basis.

**What are intermediary resources?**

Resources linked to a public institution, which are aimed at enabling users registered with the institution to live in the community by providing support or assistance services and a living environment that is tailored to their needs.

## Financial and budget profile

The table below provides information on the financial situation of each institution within the René-Cassin and NDG/Montréal-Ouest CSSS. The first three columns present the financial statements for 2003-2004; the fourth column reflects the gross budget confirmed by the Agency as of May 12th, 2004.

It should be highlighted that, since May 12th of this year, gross budgets were increased, notably to cover system costs. Other adjustments will be made during the fall of 2004, when development budgets are allocated for, among other things, shortening waiting lists for surgery, home support, and family support.

**FINANCIAL SITUATION OF THE RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS**

| Grouped institutions | Gross budget 2003-2004 | Results as of March 31st, 2004 | Balance of funds as of March 31st, 2004 | Gross budget confirmed by the Agency on May 12th, 2004 |
|---|---|---|---|---|
| Richardson Hospital Center | $13,977,747 | $(652,339) | $(39,277) | 12,226,817 |
| CLSC NDG/Montréal-Ouest | $11,169,192 | $38,786 | $309,767 | 11,074,553 |
| CLSC René-Cassin | $10,828,683 | $ - | $286,508 | 10,662,055 |
| **Total** | **$35,975,622** | **$(613,553)** | **$556,998** | **$33,963,425** |

Sources: 2003-2004 Gross budget: Total revised gross budget for 2003-2004.
2003-2004 Financial statements: Annual Financial Statement AS-471 as at March 31st, 2004, page 200, line 27, column 1.
2003-2004 Fund balance: Annual Financial Statement AS-471 as at March 31st, 2004, page 240, line 20, column 3.
2004-2005 Initial budget: Gross budget confirmed by the Agency during the transmission of initial budgets for 2004-2005 on May 12th, 2004 (adjusted according to budget base revisions for the CHSGSs concerned).
2004-2005 RR-446 Budget: Detailed budget, RR-446 2004-2005, page 100-01, line 9, column 3.

According to Section 7 of the Act to provide for balanced budgets in the public health and social services network, the boards of directors of public institutions must adopt an operating budget that is either balanced or features a surplus (bulletin no. 2004-009 [03-01-61-02] on the financial monitoring of public institutions within the health and social service network – Budget Planning).

### Moving toward three-tier funding

The setting up of the CSSSs coincides with the implementation of a new method of allocating resources throughout the Quebec health and social service network. The first tier has to do with programme budgets and consists of a basic allocation for activities carried out in the context of service-programmes provided to the population (see details in the section on programme configuration). This first tier represents the lion's share of institutions' operating budgets.

The second tier consists of an allocation designed to cover costs linked to regional aspects, such as ethnicity and national services, and costs linked to certain activities in institutions with a university vocation, such as teaching and research. As for the third tier, it refers to funds reserved for special projects funded in the context of special agreements authorized by the MSSS.

Budgeting by programme arises from and is inspired by the populational approach that is intended to guide CSSS action. It follows the principles of this approach by making it possible to direct resources toward the population's priority needs, both at the MSSS and Agency level, according to national and regional guidelines and priorities, and at the CSSS level, according to locally defined priorities.

In order to zero in on those priority needs, the Agency is already working with representatives of the Montreal network's institutions to develop needs indicators that will be used for resource allocation. These indicators will take into account the size of the population served, as well as certain socio-sanitary characteristics of that population. The purpose of this is to make sure that resources really go to the needs defined as a priority in the region and on the CSSS territory.

The selection and relative weighting of the chosen indicators will undoubtedly have a direct impact on the amount of resources allocated to each programme and each CSSS. The Agency therefore intends to make sure that the process used to define those indicators is as transparent as possible, and is carried out with CSSS participation.

## Programme configuration

Nine service-programmes are planned in the context of the new budgeting method. Two are intended for the population as a whole, whereas the other seven aim to meet specific needs. Moreover, two support-programmes will provide technical and administrative support to the service-programmes.

**PROGRAMME CONFIGURATION**

**Services-programmes**

**Programmes intended for the population as a whole**

1. Public health
2. General services – clinical and assistance activities/Front-line medical services

**Programmes that deal with specific issues**

1. Loss of self-sufficiency due to ageing
2. Physical impairment
3. Intellectual impairment and pervasive developmental disorders
4. Troubled youth (age 0 to 17)
5. Addictions
6. Mental health
7. Physical health

**Support-programmes**

1. Administration and support for services
2. Building and equipment management

## A method under implementation

Programme budgeting is a ne formula. Like all new formulas, it will evolve and develop with use. The same goes for the needs indicators on which it relies. The data presented in the table below are therefore relative estimates, since they will vary as the indicators and calculation methods are fine-tuned. That being said, the data is useful to obtain a better understanding of programme budgeting and its impact on the CSSSs.

The table below shows expenditures by programme over the entire René-Cassin and NDG/Montréal-Ouest CSSS territory in 2001-2002. More specifically, it is a breakdown of expenditures by institutions in 2001-2002 according to the service-programmes and support-programmes set out in the new budgeting method. This snapshot illustrates the situation that existed at the time, but does not necessarily correspond to the situation that will prevail when the CSSS begins allocating its resources among the different programmes according to the populational approach.

**BREAKDOWN OF EXPENDITURES BY PROGRAMME* ON THE TERRITORY OF THE RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS (2001-2002)**

| | General services | Physical health | Mental health | Public health | Loss of self-sufficiency | Intellectual impairment and pervasive developmental disorders | Physical impairment | Troubled youth | Administration and service support | Building management | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **René-Cassin and NDG/Montréal-Ouest CSSS** | 4.4% | 5.2% | 0.8% | 1.3% | 44.9% | 0.4% | 6.2% | 1.1% | 24.9% | 10.8% | 100.0% |

* Expenditures for the *programme Dépendances* only concern the Centre de réadaptation Dollard-Cormier, the Centre Le Portage and the CHU. There is therefore no amount earmarked for this programme in CSSS expenditures.

Source: MSSS programme contours.

## What's in store for 2004-2005

2004-2005 will be a year of transition toward the new programme budgeting method. The Montreal Agency is currently holding talks with the MSSS on this subject, and wishes to fine-tune the calculation method that will be used. The Agency is furthermore participating in a number of round tables created by the MSSS, and intends to have the CSSSs participate as well, so that they may also provide their input. The Agency is thus seeking to achieve in 2005-2006 a programme budgeting that is as closely tailored to the Montreal situation as possible.

## Fixed assets profile

This section on fixed assets summarizes the main projects for institutions within the René-Cassin and NDG/Montréal-Ouest CSSS, according to the following categories:

1. maintenance of public assets (buildings and equipment);

2. functional renovation; and

3. advanced technology.[2]

### 1. Asset maintenance

#### 1.1 Maintenance of public buildings

The table below shows the replacement value of the Health and Social Service Centre's public buildings. The replacement value serves as an indicator for the "Building and equipment management" support-programme within the new programme budgeting approach.

**REPLACEMENT VALUE – CONSTRUCTION (ASSET MAINTENANCE)**

| Facilities | Replacement value |
|---|---|
| **Richardson Hospital Centre** | |
| Richardson Hospital Centre | $9,302,346 |
| Centre d'accueil Henri-Bradet | $7,015,972 |
| **CLSC NDG/Montréal-Ouest** | - |
| **CLSC René-Cassin** | - |
| **Total** | **$16,318,318** |

**What is asset maintenance?**

Projects in this category have to do with work to replace or perform major repairs on a building's obsolete components. This work goes beyond routine maintenance. It must be planned and carried out to ensure the physical integrity of the premises, safety and the quality of the environment.

According to the new MSSS management framework (2004), institutions are fully responsible for maintaining their real estate assets. The regional budget allocated for this category went from $15M in 2003-2004 to $40M in 2004-2005. The amounts allocated to each CSSS were transferred in September 2004. Starting in 2005, the Agency and the MSSS will no longer intervene in project content. Instead, they will monitor fund use and results.

**What is replacement value?**

Buildings' replacement value is an estimate of how much it would cost to completely rebuild the building as is. It is calculated based on the building's surface area and a standard dollar cost per square metre, depending on the mission. Generally, this calculated value is different from the municipal evaluation, and does not take into account particular elements, such as heritage interest, historic value or the age of the building. This figure is used as the basis, in 2004-2005, to determine recurring budgets paid to institutions for asset maintenance. With the new programme budgeting approach, it is this same building replacement value that will be used as the determining parameter for budget allocations under the "building maintenance and repair" category of the Building and equipment management support-programme.

2. All of the data included in the section on fixed assets comes from the Montreal Agency's databanks (SIGREM software) and from the document *Les immobilisations des établissements publics – Enveloppes régionales de maintien d'actifs 2004-2005 Budgets et programmes*, produced by the Montreal Agency in September 2004.

### 1.2 Furniture, ordinary equipment and "heavy equipment"

Every year, the Agency makes payments of approximately $14M to buy and replace furniture and ordinary (non-medical) equipment. Budgets are allocated based on replacement values that are weighted over the equipment's useful life. Equipment for hemodynamics, radiation oncology and magnetic resonance are in the high-technology category and are therefore subtracted from the calculation for equipment. In this asset category, institutions do not have to submit projects to obtain funding. However, some equipment, such as adapted vehicles and other costly equipment, is financed separately by the Heavy Equipment programme, when requests are made. The value of this equipment can easily surpass the amount of the recurring budget. The table below shows recurring budgets paid to institutions for 2004-2005.

**BUDGET ALLOCATED TO REPLACE FURNITURE AND REGULAR EQUIPMENT**

| Facilities | Annual equipment budget 2004-2005 |
|---|---|
| **Richardson Hospital Centre** | |
| Richardson Hospital Centre | $50,000 |
| Centre d'accueil Henri-Bradet | $27,210 |
| **CLSC NDG/Montréal-Ouest** | $34,334 |
| **CLSC René-Cassin** | $50,666 |
| **Total** | **$162,210** |

### 1.3 Medical equipment

The acquisition of medical equipment is subject to authorization by the MSSS and the Agency. The latter has an annual budget envelope of approximately $10M for the region. Funding needs for such equipment are also measured by the number and value of replacement or development requests. For example, the Centre hospitalier Fleury receives $117,561 on a yearly basis to purchase medical equipment. When the cost of a piece of equipment greatly surpasses the annual amount allocated, the institution is eligible for an additional grant. Furthermore, a regional budget envelope of $150,000 is also available for the medical equipment required by CLSCs.

### 1.4 Infrastructure modernization

In September 2004, one infrastructure modernization project was underway on the territory of the René-Cassin and NDG/Montréal-Ouest CSSS.

**PROJECTS UNDERWAY**

| Richardson Hospital Center | Power efficiency |
|---|---|
| Cost of the project | $61,600 |
| Yearly savings | $19,900 |
| Contribution of the Agency | $43,120 |

**What is infrastructure modernization?**

Infrastructure modernization includes projects for major improvements to support services, and to heating, distribution, and water and air treatment systems. Generally, these projects can be funded completely or partially from the operating savings generated by the new equipment or processes installed. These cases usually require a loan, which is paid back from the savings obtained over a period established at the time of approval.

## 2. Functional renovation projects

### 2.1 Projects that cost less than $2M – Improving Quality of Life Programme (PAQV)

**What is a functional renovation project?**

Functional renovation projects aim to change the layout of existing spaces to improve client service and ensure that operations run more smoothly. Examples of functional renovation projects include making rooms bigger to facilitate the movement of wheelchairs, and changing the layout of a nursing station.

This programme, funded by the MSSS, is aimed at improving the quality of life in CHSLDs through projects that cost less than $2M. The Agency monitors project performance. No functional renovation projects are underway at this time on the territory of the René-Cassin and NDG/Montréal Ouest Health and Social Service Centre.

The amount allocated to the Montreal region in 2004-2005 for the PAQV is $16M. There are currently projects on the list of priority regional needs. One project is under consideration for the René-Cassin and NDG/Montréal Ouest territory in 2004-2005:

| UNDER CONSIDERATION FOR 2004-2005 | | |
|---|---|---|
| **Richardson Hospital Centre**<br>**Centre d'accueil Henri-Bradet** | Work to improve units, common areas and ventilation | $1,650,000 |

### 2.2 Other functional renovation projects that cost less than $2M

In addition to the regional budget, the MSSS sets aside certain amounts for functional renovations. Projects funded in this manner must be under $2M. The Agency monitors their performance. There is no project in this category underway in René-Cassin and NDG/Montréal-Ouest CSSS institutions.

### 2.3 Major projects that cost more than $2M

The MSSS allocates the funding required for projects that cost more than $2M. These projects are for major expansion or functional renovation projects.

**What is the process for a major project?**

1. The institution prepares a Functional and Technical Programme (FTP) for the project. The FTP is a document that presents the project and includes the institution's background, services provided, volumes of activity, problem targeted, proposed overall solution, diagrams and a preliminary estimate of project costs;
2. The Agency conducts a needs analysis;
3. The Agency recommends the FTP to the MSSS, so that it can be studied with the help of professionals (architects and engineers);
4. The Minister announces that the project is being studied and hires professionals to draft the design and preliminary plans and specifications: cost estimate and evaluation of equipment needs;
5. The project is recorded in the MSSS's triennial fixed asset plan, and a performance decree is obtained; and
6. Project start-up and performance, i.e. preparation of definitive plans and specifications, calls for bids, signing of the contract and performance of the work.

In September 2004, one major project worth more than $2M was under consideration on the territory of the René-Cassin and NDG/Montréal-Ouest CSSS.

**MAJOR PROJECTS WORTH MORE THAN $2M**

| Facility | Project description | Project cost | Phase underway | State of affairs (October 2004) |
|---|---|---|---|---|
| CLSC NDG/Montréal-Ouest | Relocating the CLSC NDG/Montréal-Ouest (Benny Farm site) | $9,800,000 | Needs analysis by the Agency | Funding scenarios are being considered. The project must be funded by the Agency's space rental budget. The Agency must make a recommendation to the MSSS with regard to this case. |

### 3. Advanced technology projects

The MSSS funds advanced technology projects that make it possible to acquire very costly equipment. These projects generally have to do with ultraspecialized equipment for areas like radiation oncology, magnetic resonance or computerized axial tomography. Acquiring this type of equipment can involve major renovations or construction. The funding plan proposed by an institution must therefore cover the expected construction costs in addition to the cost of the equipment itself. Furthermore, the impact of advanced technology projects on human resources and operating budgets must be known before a funding request is presented. For the moment, no advanced-technology projects are underway in the René-Cassin and NDG/Montréal-Ouest CSSS.

## Human resources of the René-Cassin and NDG/Montréal Ouest CSSS

The René-Cassin and NDG/Montréal-Ouest CSSS employs 709 people (490 FTE), i.e. 3.09% of all CSSS personnel on the Island of Montreal (see comparative table). As of December 31st, 2003, it also relied on the services of approximately 20 general practitioners (9.35 FTE).

For the purposes of this presentation, personnel will be divided into the following six categories:

1. nursing and cardiorespiratory care personnel;
2. paratechnical personnel, auxiliary services and trades;
3. office personnel and administrative technicians and professionals;
4. health and social service technicians and professionals;
5. personnel not covered by the new act respecting bargaining units in the social service sector; and
6. management personnel.

The first four categories correspond to the categories set out in the new act respecting bargaining units in the social service sector, which is briefly summarized in a text box at the end of this chapter.

### Nursing and cardiorespiratory care personnel

The René-Cassin and NDG/Montréal-Ouest CSSS has 195 people in this category: 68 graduate nurses, 81 nurses, and 46 nursing assistants. This category has 6,251 persons in all CSSSs on the Island of Montreal.

In 2002-2003, the hours worked in nursing care by independent manpower (private agencies) and on overtime were equivalent to 10 full-time positions. This data gives an indication of the network's shortage in this sector of activity.

### Paratechnical personnel, auxiliary services and trades

Over 150 job titles fall under this category, from nutrition assistant to painter, and from pharmacy clerk to living-environment care provider, to master electrician. It is by far the category with the largest number of employees in all CSSSs on the Island of Montreal. At the René-Cassin and NDG/Montréal-Ouest CSSS, there are 198 jobs, including 71 family assistants, 1 trade, 71 patient attendants, 52 auxiliary services, and 3 other paratechnical jobs.

**What is a full-time equivalent (FTE)?**

FTE makes it possible to achieve an accurate assessment of the "workforce" at the quantitative level. It converts the hours worked by part-time and availability personnel into hours normally worked by a full-time employee.

**Who are nursing and cardiorespiratory care personnel?**

They are employees whose practice is governed by the Act respecting Nurses, employees who belong to the *Ordre des infirmières et infirmiers auxiliaires du Québec*, and employees who provide nursing or cardiorespiratory care. All of these people occupy jobs under one of the job titles featured in the new Act (see text box at the end of this section).

**Who are paratechnical personnel, auxiliary services and trades?**

They are employees whose jobs are characterised by the performance of semi-specialized tasks that provide operational support to health and social service technicians and professionals. This category also includes employees with jobs in the manual auxiliary field and people with a trade, be it specialized or not, that may require a certificate of qualification.

### Office personnel and administrative technicians and professionals

There are 62 office workers, 8 professionals and 10 administrative technicians, which gives a total of 80 people. This category features 2,717 people in all of the CSSSs of the Island of Montreal.

**Who are** office personnel and administrative technicians and professionals**?**

They are employees whose jobs meet the following two criteria: they are characterised by the performance of a set of administrative tasks and correspond to one of the titles listed in the Act. This category includes, among other jobs, librarians, communication specialists, secretaries, telephone receptionists, programmers and admissions clerks.

### Health and social service technicians and professionals

The René-Cassin and NDG/Montréal-Ouest CSSS has 63 health professionals, 98 social service professionals, 15 health technicians and 25 social service technicians, giving an overall total of 201 people. This category includes 3,409 people in all of the CSSSs of the Island of Montreal. This is the CSSS with the second highest number of health and social service technicians and professionals, proportionally, after the Côte-des-Neiges, Métro and Parc Extension CSSS.

**Who are** health and social service professionals and technicians**?**

They are employees whose jobs meet the following criteria: they are characterised either by the provision of health or social services to the clientele, or by professional or technical work performed in the context of such services, and they correspond to one of the titles listed in the Act. This category includes, among other jobs, medical archivists, bacteriologists, criminologists, medical photographers and recreation consultants.

### Personnel not covered by the new act respecting bargaining units in the social service sector

Of the 141 people not covered by the act in all CSSSs of the Island of Montreal, there are 3 at the René-Cassin and NDG/Montréal-Ouest CSSS: 2 students and 1 pharmacist.

### Management personnel

The management personnel is made up of 32 people, i.e. 5 senior management, 1 managing physician, 21 middle management, 3 administrators (ED and AED), and 2 temporary personnel with a management mandate. This category features 1,127 people across all CSSSs.

**Who are** temporary workers with a management mandate**?**

They are personnel who have been assigned temporarily to a management position.

There is no doubt that the revision of the organization plan will have a direct impact on these persons. The board of directors and new management of the CSSS must therefore be sure to take into account all of the available experience and skills around them when implementing the new plan.

**PERSONNEL AS OF MARCH 31st, 2003, ACCORDING TO THE JOB CATEGORIES PROVIDED FOR IN THE ACT RESPECTING BARGAINING UNITS IN THE SOCIAL SERVICE SECTOR**

| Job categories | | Richardson Hospital Centre | CLSC NDG/Montréal-Ouest | CLSC René-Cassin | Total |
|---|---|---|---|---|---|
| **Nursing and cardiorespiratory care personnel** | Nurse | 43 | 12 | 26 | 81 |
| | Nursing assistant | 46 | - | - | 46 |
| | Graduate nurse | 12 | 39 | 17 | 68 |
| | **Total** | **101** | **51** | **43** | **195** |
| **Paratechnical personnel, auxiliary services and trades** | Other paratechnical personnel | 3 | - | - | 3 |
| | Family assistants | - | 46 | 25 | 71 |
| | Trades | 1 | - | - | 1 |
| | Patient attendant | 71 | - | - | 71 |
| | Auxiliary services | 52 | - | - | 52 |
| | **Total** | **127** | **46** | **25** | **198** |
| **Office personnel and administrative technicians and professionals** | Office personnel | 19 | 20 | 23 | 62 |
| | Professional | - | 3 | 5 | 8 |
| | Technician | 4 | 2 | 4 | 10 |
| | **Total** | **23** | **25** | **32** | **80** |
| **Health and social service technicians and professionals** | Health professional | 38 | 11 | 14 | 63 |
| | Social service professional | 3 | 30 | 65 | 98 |
| | Health technician | 5 | 5 | 5 | 15 |
| | Social service technician | 12 | 13 | - | 25 |
| | **Total** | **58** | **59** | **84** | **201** |
| **Personnel not covered by the Act** | Student | 2 | - | - | 2 |
| | Pharmacist | 1 | - | - | 1 |
| | **Total** | **3** | **-** | **-** | **3** |
| **Management personnel** | Middle management | 12 | 5 | 4 | 21 |
| | Managing physician | 1 | - | - | 1 |
| | Senior management | 2 | 1 | 2 | 5 |
| | Administrator | 1 | 1 | 1 | 3 |
| | Temporary personnel with a management mandate | - | 1 | 1 | 2 |
| | **Total** | **16** | **8** | **8** | **32** |
| **Overall total** | | **328** | **189** | **192** | **709** |

Source: *Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal*, March 31st, 2003. Data reviewed by the institutions – September 2004.

**PERSONNEL AS OF MARCH 31ST, 2003, ACCORDING TO THE CATEGORIES SET OUT IN THE ACT RESPECTING BARGAINING UNITS IN THE SOCIAL SERVICE SECTOR: COMPARISON WITH ALL CSSSs ON THE ISLAND OF MONTREAL AND WITH THE OTHER INSTITUTIONS IN THE MONTREAL HEALTH AND SOCIAL SERVICE NETWORK**

| | René-Cassin and NDG/Montréal-Ouest CSSS | | All CSSSs on the Island of Montreal | | Other institutions on the Island of Montreal | |
|---|---|---|---|---|---|---|
| Nursing and cardiorespiratory care personnel | 195 | 27.50% | 6,251 | 27.27% | 16,525 | 26.71% |
| Paratechnical personnel, auxiliary services and trades | 198 | 27.92% | 9,279 | 40.48% | 18,822 | 30.42% |
| Office personnel and administrative technicians and professionals | 80 | 11.28% | 2,717 | 11.85% | 9,950 | 16.08% |
| Health and social service technicians and professionals | 201 | 28.34% | 3,409 | 14.87% | 13,085 | 21.15% |
| Personnel not covered by the Act | 3 | 0.42% | 141 | 0.62% | 859 | 1.39% |
| Management personnel | 32 | 4.51% | 1,127 | 4.92% | 2,628 | 4.25% |
| **Total** | **709** | **100%** | **22,924** | **100%** | **61,869** | **100 %** |

Source: *Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal*, March 31st, 2003. Data reviewed by the institutions – September 2004.

## What is Bill No. 30?

On December 18th, 2003, the Government of Quebec ratified an Act respecting bargaining units in the social sector and amending the Act respecting the collective agreement negotiation regime in the public and parapublic sectors. Up until its adoption, this transformation was known as "Bill No. 30". The Act goes into effect by ministerial decree. The decree will, in all likelihood, not be signed by the Health and Social Services Minister before the fall of 2004 for CSSSs. Taking into account the various steps involved (lists to make, requests from unions, votes, etc.), the process will only be finalized several months after the date of the decree.

Under this Act, there will only be four negotiation units in institutions:

- Nursing and cardiorespiratory care personnel;
- Paratechnical personnel, auxiliary services and trades;
- Office personnel and administrative technicians and professionals; and
- Health and social service technicians and professionals.

The Act does, however, provide for certain exceptions. For instance, it introduces a list of 26 issues that will have to be negotiated and approved at the local or regional level, within a maximum period of 24 months following the date of accreditation of the new employees' association.

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